

Leadership LEAP
CLASS OF 2020 APPLICATION

DEADLINE FOR APPLICATION: Application and Tuition Fee \$300.00 due by March 31, 2020.
 Make checks payable to : Leadership LEAP
 Credit Card transactions: Add a 4% surcharge for credit card transactions

Enclosed is my check for \$_____ or charge my ___VISA ___MC ___AMEX

Credit Card Number	Exp Date	C V V Code
Billing Address	City	State
Amount of Charge	Authorized Signature	Date

For Office Use Only

Application Rec'd: _____

Application Fee: _____

Signatures: _____

Photograph: _____

Reference: _____

PERSONAL DATA
PLEASE PRINT CLEARLY

NAME: _____

Last
First
Middle
Preferred Name

HOME ADDRESS: _____

Mailing Address
City
State
Zip

HOME PHONE: _____ MOBILE PHONE: _____ DATE OF BIRTH _____ SHIRT SIZE _____

MALE FEMALE YEARS RESIDING IN YOUR COMMUNITY: _____
 YEARS WORKING IN YOUR COMMUNITY: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO APPLICANT: _____

Work Phone
Home Phone
Mobile Phone

EMPLOYER

PRESENT EMPLOYER: _____ POSITION: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

BUSINESS ADDRESS: _____

Mailing Address
City
State
Zip

EMAIL: _____ PREFERRED MAIL ADDRESS: HOME WORK

LEAP seeks to provide a diverse class of participants to represent all sectors of our community. Describe your industry type and your position/responsibilities at your current employer. Also indicate the number of employees at your organization.

What do you consider your most significant or important responsibility, skill or career achievement?

COMMUNITY INVOLVEMENT

Please list civic, professional, business, religious, social, athletic or other organizations in which you currently or previously have been a member of:

Organization _____	Position/Year _____
Organization _____	Position/Year _____
Organization _____	Position/Year _____
Organization _____	Position/Year _____

How much time each month do you commit to these and other community activities? _____

Have you been as active as you would like to be? _____

If not, what has been the major barrier? _____

Briefly state any accomplishments in the above organizations that you consider significant and explain your role:

Special Honors/Awards (business, professional, educational, community, other) _____

EDUCATION

List high school, college(s), business or trade schools or other specialized programs

Name and City	Year(s) Attended	Diploma/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR PERSPECTIVE

What do you consider the three most significant challenges facing your county? _____

What do you hope to gain from your experience with LEAP? _____

COMMITMENT

To graduate from Leadership LEAP, a participant is expected to attend all sessions for the sixth month duration of the program. Absenteeism of more than one "regular" session may result in you being dropped from the program.

Opening Overnight Retreat attendance is **mandatory**.

One full day per month for four months. Sessions run approximately 9:00am to 5:00pm.

Brushy Fork Leadership Summit trip is **mandatory**. Graduation activity attendance is highly encouraged.

Yes No

Will you be able to fulfill this commitment?

BUSINESS ORGANIZATION COMMITMENT

Applicants for Leadership LEAP must have the support and commitment of their business or organization. The signature of the applicant's immediate supervisor or officer of the organization is necessary as an indication of the support of the applicant's participation in the program. I have read and understood the applicant commitment policy and have attached a letter of endorsement.

Name _____ Title: _____

Organization _____ Signature: _____

PERSONAL RECOMMENDATIONS

Please list 2 individuals knowledgeable with respect to your leadership capabilities and your past performance.

Name _____ Phone: _____

Title: _____ Organization: _____

Name _____ Phone: _____

Title: _____ Organization: _____

TUITION:

Tuition for Leadership LEAP is \$300, which includes food, fees, and instruction materials. Full tuition is due by April 15, 2020. Tuition will not be refunded to payees if participant drops out or is dropped from the program due to absenteeism.

SCHOLARSHIPS

A limited number of partial scholarships may be available based on need. If you need to apply contact a LEAP Steering Committee member.

APPLICANT COMMITMENT & RELEASE OF LIABILITY

If selected as a participant of Leadership LEAP, I am willing to attend all the functions sponsored by the program, and I understand that attendance is mandatory. I understand that if I fail to meet any of the obligations of the program, I may be asked to withdraw or may not graduate with my class. I also accept liability of myself throughout the entire program. I hereby release Leadership LEAP, its officers and directors of all liabilities for injuries and damages sustained by me in connection with the LEAP program.

Signature

Date

Please print name: _____

Disclaimer: I hereby authorize the LEAP Program to communicate via email about program activities.

Signature required: _____

Send completed application(s) and check to:

Leadership LEAP
PO Box 421
Irvine, KY 40336-0421

CONFIDENTIAL